North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

THE CHILD PLAN

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Our Mission

North Carolina will provide children and families with mental health needs a system of quality care that includes accessible, culturally appropriate, individualized mental health treatment, intervention and prevention services, delivered in the home and community, in the least restrictive and most consistent manner possible.

If you need assistance, or have comments or questions about the plan or its implementation:

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COMMUNITY COLLABORATION

Collaboration is the cornerstone of a system of care for children. It is not a goal; it is a process that must occur among all child-serving agencies, all providers, family members and other community stakeholders. Collaboration can unite agencies, families and communities like never before as they work toward a common goal. Shared resources, shared information and shared authority lie at the heart of collaborative efforts.

Because collaboration involves representation of various stakeholders, various interests and priorities are taken into account. The benefits of shared leadership and accountability far outweigh the investment in time and energy.

Collaboratives help bridge the complexities of work, allowing stakeholders to be responsive to a wide range of interests and concerns. Child mental health is multifaceted; therefore partnerships are not merely a luxury for North Carolina. Partnerships are essential because the issues are too complex for any one agency to handle.

Because collaboratives are not "owned" by any single agency and have no legal authority, they provide a neutral environment to share information. When stakeholders focus on the needs of children and families, mutual concerns begin to surface. Through collaborative efforts, more similarities than differences come to light.

Collaboratives produce results. Not only are relationships improved among child-serving agencies, but the services they offer can be more individualized, less restrictive and anchored in their community.

To facilitate collaboration around serving children who are served by multiple agencies, the North Carolina Department of Health and Human Services has established a state-level memoranda of agreement with relevant child-serving agencies. There are also local memoranda of agreement among local agencies including mental health, juvenile justice, social services and schools.

The purpose of these agreements is to delineate responsibilities of local child-serving agencies. It is envisioned that LMEs will continue to work in collaboration with other child-serving agencies through local collaboratives.

For more information, see: http://www.dhhs.state.nc.us/mhddsas/childandfamily/index-new.htm

MENTAL HEALTH SERVICES FOR STUDENTS

In June 2005, DHHS Secretary Carmen Hooker Odom and Janice Davis, interim officer of the Department of Public Instruction (DPI), sent a joint memorandum to the superintendents of local education agencies (LEAs) and the directors of local management entities (LMEs) regarding the transition of mental health services in the school setting.

A number of the services that are currently being provided in public schools for students with MH/DD/SA needs are affected. For example, the Division expects that the federal Centers for Medicare and Medicaid Services (CMS) will approve a new comprehensive service, Community Support, to replace Community Based Services (CBS), which is one of the most utilized Medicaid funded mental health services provided in schools.

The new service will offer skill-building interventions to support the student and others in the school environment and to improve the ability of each student to succeed in school, at home and in the community.

DMH/DD/SAS and DPI have establishing a joint team to facilitate this transition.

PROGRESS AND CRITICAL SUCCESS FACTORS

- **Operations**: The Division is suggesting ways to use current billing codes while providers transition from old to new service definitions. See Communication Bulletin #40 on Intensive In-Home Services. Watch the Division's web site for announcements on Mobile Crisis and Community Support.
- **MST**: The Division encourages agencies interested in exploring MST or starting an MST team to contact Marshall Swenson, VP of MST Services, Inc. directly at 843-856-8226 for assistance.
- **Residential Services Report:** The Division of Facility Services has published findings of its survey of all children's residential programs in the State. See findings in the sidebar.
- **Rules/Policies**: A request was made for the state Office of State Budget and Management to determine if the new residential treatment rules will have a substantial economic impact. According to the Administrative Rules process, the response will delay implementation of the new Level III and IV rules. They werel not effective July 1, 2005. The Division will continue to explore its options to implement them at the earliest possible date.
- **Training**: Representatives from the Division, universities, the Division of Social Services, the Division of Public Health, the Department of Juvenile Justice and Delinquency Prevention, and the Department of Public Instruction continue the development of a curriculum on child and family teams, person-centered planning and system of care.

COLLABORATION WITH JUVENILE JUSTICE

When a complaint alleging delinquent or undisciplined behavior is made about a child, a juvenile court counselor determines the appropriate response. The child may be scheduled to appear before a juvenile court judge or the counselor or a team may develop a service plan and contract with the child and family.

A child and family team (including the child, family, court counselor, schools, mental health and other professionals) work together to assess the needs of the child and family and develop a person-centered plan of goals and services.

The Department of Juvenile Justice and Delinquency Prevention (DJJDP) and DMH/DD/SAS have joined forces to create more effective mental health and substance abuse services for these children. DJJDP works to prevent and reduce juvenile crime and delinquency by strengthening families, intervening immediately when delinquent behavior occurs and controlling the small group of serious, violent and chronic juvenile offenders. DMH/DD/SAS works to provide people with or at risk of mental illness, developmental disabilities or substance abuse problems and their families the necessary services and supports to live in communities of their choice.

The partnership between these two state agencies has been strengthened through a grant from Robert Wood Johnson Foundation (RWJ). A joint leadership group is implementing strategies to ensure that assessment, intervention and treatment services and supports are available for children who enter the system through the courts. For example, adjustments have been made to ensure the risk and needs assessment, service plan and professional recommendations are completed prior to a child's court date, so the judge can make a timely, informed disposition. They are taking steps to further integrate a treatment focus for DJJDP's youth development centers (YDC) and detention centers.

MAJORS is another joint effort between DMH/DD/SAS and DJJDP. If substance abuse is identified as an issue during the initial screening and assessment process, the juvenile court counselor can refer the child and family to a MAJORS substance abuse/juvenile justice program for intensive substance abuse services. Court counselors and MAJORS staff work closely on assessment and service planning for children and their families using all available and needed services. When a child leaves the YDC, the MAJORS staff continues to provide service in the community. Currently, there are 16 MAJORS substance abuse/juvenile justice programs in North Carolina.

Another area of collaboration involves DJJDP, DMH/DD/SAS, the Division of Social Services (DSS) and providers who are reviewing therapeutic family (current level II residential programs) and foster care services. They will recommend modifications for rules and screening procedures so service access and flow will operate smoothly across agencies.

Did you know?

Smoky Mountain Center has developed a System of Care website devoted to online training.

For more information, see: http://www.systemofcare.net

The State Collaborative is hosting a System of Care Conference Sept. 15-16, 2005 in Charlotte "Cultivating Learning Communities"

For more information, see: http://www.charlotteahec.org **or** *http://www.dhhs.state.nc.us/mhddsas/childandfamily/index-new.htm*

FACTS & FIGURES

Summary Findings of Children's Residential Services Survey

Of 1054 facilities surveyed:

- 105 surrendered their licenses, generally due to having no clients.
- 458 received standard deficiencies directly related to staff training, staff qualifications and criminal record background checks.
- 71 received 106 administrative sanctions, including:
- 38 Type A violations that could result in death or serious harm to a child, requiring a fine, plan of correction and possible civil penalty.
- 41 Type B violations that relate to the health, safety or welfare of a child and require a plan of correction and possible civil penalty.